

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Alejandro Diaz
B.C. 900 1100 750

11 CIV. 9030

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

N.Y.C. Police Department
and Officer Eliot Arias
71st Precinct
421 Epire BLVD Brooklyn N.Y.

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Alejandro Diaz

ID #

900 1100 75

Current institution

NIC - OBCC

Address

1500 Hazen St. East Elmhurst
N.Y. 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

71st precinct Brooklyn N.Y.
Officer Eliot Arias

Defendant No. 1 Name Eliot Arias Tax no. 936140
 Where Currently Employed 71st Precinct Shield # _____
 Address Brooklyn N.Y.
421 Empire BLVD. Brooklyn N.Y.

Defendant No. 2 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? See attached
- B. Where in the institution did the events giving rise to your claim(s) occur? N/A
- C. What date and approximate time did the events giving rise to your claim(s) occur? May 17 2011 See attached

D. Facts: See attached

Was
injured
to you?

Was
injured
to you?

Was
injured
to you?

Was
injured
to you?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Will send with Hospitals records
from Kings County Hospital, an
Long Island Hospital contusions
and scrapes on knees back and
arms. M.R.I and X-Rays and
given Pain Killers (percocets)

IV. Exhaustion of Administrative Remedies:

N/A

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). N/A

3. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☒ Do Not Know ☐

4. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

5. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

6. If you did file a grievance, about the events described in this complaint, where did you file the grievance? N/A

1. Which claim(s) in this complaint did you grieve? N/A

2. What was the result, if any? N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. N/A

7. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

- a) It is my hope that those of us that are ~~and~~ wheelchair bound when arrested are transported with our wheelchair, which means at the very least that Special transportation for the physically handicapped. Is mandatory.
- c) The basis for ~~the~~ other reasons than monetary compensation is stated in the above. My monetary compensation See attached

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

Eliot Axia N.Y.C Police Department 71st precinct
Tax no. 936140 421 Fifth BLVD - BK-N.Y.

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes ☐ No ☒ N/A

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

Or
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☒ N/A

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

N/A

N/A

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes ☐ No ☒ N/A

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8 day of November 2011.

Signature of Plaintiff

Inmate Number

Institution Address

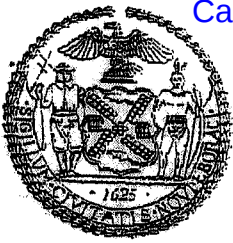
Alyandro Diaz
19001100750
1500 Hazen St.
East Elmhurst NY.
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8 day of November 2011 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Alyandro Diaz



THE CITY OF NEW YORK OFFICE OF THE COMPTROLLER
1 CENTRE STREET, NEW YORK, N.Y. 10007-2341

John C. Liu
COMPTROLLER

015 - 196

Date: 07/07/2011
Claim no: 2011PI024581
Claimant: ALEJANDRO DAIZ

ALEJANDRO DAIZ
1500 HAZEN ST
E ELMHURST, NY 11370 -

Dear ALEJANDRO DAIZ:

This office is in receipt of your inquiry regarding your claim. In order to assist us in evaluating the claim, please provide the following:

- ☒ Copies of hospital and doctor records indicating a diagnosis
- ☐ Photos of the defect and area where you allegedly fell
- ☐ Copies of bills and proof of payment to medical providers
- ☐ Copies of your pay stubs & proof of lost wages from your employer
- ☒ Your social security number 098-32-6597
- ☒ Your date of birth 10/30/1958

Other: _____

If you have any questions, please contact me at (212) 669-4445

Please be advised that if we are unable to reach a settlement you must begin a lawsuit within one year and ninety days of the occurrence in order to preserve your rights under the law.

Sincerely,

ROBERT HOWE
-- SUPERVISOR --

RECEIVED
SDNY PRO SE OFFICE
2011 DEC -5 AM 10:55



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
CLAIMS AND ADJUDICATIONS
1 CENTRE STREET ROOM 1200
NEW YORK, N.Y. 10007-2341

WWW.COMPTROLLER.NYC.GOV

Michael Aaronson
Chief, Bureau of Law and
Adjustment

015 - 151

John C. Liu
COMPTROLLER

Date: 07/06/2011
Claim No: 2011PI024581
RE: Acknowledgment of Claim

ALEJANDRO DAIZ
1500 HAZEN ST
E ELMHURST, NY 11370

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at either 212-669-8750 for property damage claims or 212-669-4445 for claims involving personal injury.

Sincerely,
Michael Aaronson

PERSONAL INJURY CLAIM FORM

Claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office (Centre St. Room 1223, New York, New York 10007). It must be notarized. If claim is not resolved within 1 yr and 90 days of the occurrence you must start legal action to preserve your rights. To the Comptroller of the City of NY: I herewith present my claim against the City of New York. TYPE OR PRINT

PERSONAL INFORMATION

Last name of Claimant Diaz First Alejandro
 Address 1500 Haren St. E. Elmhurst City NY Zip 11370 Telephone None
 Date of Birth 10/30/58 Social Security Number 098-32-6597

ACCIDENT / INCIDENT INFORMATION

Date of Incident 5/17/11 Exact Location of Incident 639 Albany Ave. Apt. 1-G
 Time 1:00 - to - 1:30 pm Describe how incident happened conducted an illegal search without
 () All () MHI Shanie Edwards Name(s) of Witness(es) see attached
 Were there witnesses? Yes Address of Witness(es) 639 Albany Ave. Apt. 1-G BK, NY 11203

Were Police present at accident site? Yes (X) No () Police Report # UNKNOWN
 Police Officer's Name(s) PO Arias Shield # 71 Precinct 71

MEDICAL INFORMATION

Date of First Treatment 5/19/11 Location of First Medical Treatment King County E.R.
 Was claimant taken by ambulance? Yes Date treated in emergency room 5/19/11 Name of Hospital King County Hospital
 Name and address of treating physician(s) They never brought my wheelchair, fail to provide special transportation with knowing indifference that I was wheelchair bound, thrown in a cell with no consideration for my disability 5 days with a violation of the 8th Amend.

EMPLOYMENT INFORMATION

Status on day of accident: Employed () Unemployed (X) NON Days lost from work 4
 Amount earned weekly \$ N/A
 Employer's name and address Disable 1
 DOCTOR AND HOSPITAL EXPENSES
 Amount of out of pocket medical bills: Doctor \$ N/A Hospital \$ N/A
 Do you have insurance? NO
 Are bills submitted with this claim? NO

COMPLETE IF ACCIDENT INVOLVES A NYC OWNED VEHICLE

Was claimant owner of the vehicle? N/A If no, name & address of owner N/A
 Was claimant the driver? N/A Name & address of Insurance Company N/A Policy # N/A
 Plate # of NYC Vehicle N/A Plate # of car claimant was in N/A
 NYC Agency number of car N/A Name of driver of NYC Car N/A
 Date 6-15-2011 Signature of Claimant Alejandro Diaz

State of New York

County of

I, Alejandro Diaz, being duly sworn, deposes and says that I have read the foregoing NOTICE OF CLAIM and know the contents thereof; the same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Signature of claimant

Alejandro Diaz

Sworn before me this day

Signature of notary

Notary Public for the State of New York
 Commission Expires February 26, 2015

NOTICE OF INTENTION TO FILE CLAIM
AGAINST NEW YORK CITY

- 1) Name and address of Person Filing claim:
ALEJANDRO DIAZ
1500 HAZEN ST
EELMHURST NY 11370
- 2) Summary of reason that this claim arises:
I WAS SUBJECTED TO CRUEL HARSH
CONDITION AND DENIED MY RIGHTS
TO SPECIAL TRANSPORTATION AND TIMELY
MEDICAL ATTENTION.
- 3) Date that the Incident took place:
MAY 17, 22, 2011
- 4) Amount of damages being sought:
1,000,000,000

Verification/Affidavit of Service

State of New York)
County of Bronx) ss.:

I, Alejandro Diaz, First being duly sworn

Deposes and Says:

I am the Claimant filing this notice, and that, within 90 Days from the date of Incident I filed an original copy of this Intention upon the Office of the Comptroller for New York City together with two exact copies thereof, and, that such service was perfected by using the United States Postal Service Certified Mail with a Return Receipt requested, and that all the information contained within this Intention is true and correct to the best of my personal knowledge, except for matters made upon information or belief and those are matters I believe to be true and correct.

Respectfully;

SWORN TO BEFORE ME THIS

WITNESS MY HAND

Alejandro Diaz
Claimant
DATE June 20, 11

Okon J. Akpan Jr
Notary Public, State of New York
Qualified in Queens County
Registration No. 91AK6161518
Commission Expires February 26, 2015

(SEE ATTCH.)

PERSONAL INJURY CLAIM FORM

Claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office 1 Centre St. Room 1225, New York, New York 10007. It must be notarized. If claim is not resolved within 1 yr and 90 days of the occurrence you must start legal action to preserve your rights.
To the Comptroller of the City of NYC I herewith present my claim against the City of New York
TYPE OR PRINT

PERSONAL INFORMATION

Last name of Claimant DAIZ First ALEJANDRO
Address 1500 HAZEN ST E. Elmhurst NY 11370 Borough Zip Telephone
Date of Birth 10-30-58 Social Security Number 090 32 4597

ACCIDENT / INCIDENT INFORMATION # 107

Date of Incident MAY 11 2011 Exact Location of Incident 639 ALBANY AVE BIRKBECK NY 11203
Time 1:30 Describe how incident happened THEY TOOK AWAY MY WHEELCHAIR WITH NO HANDS TO PROVIDE WITH SPECIAL TRANSPORTATION WITH KNOWING DIFFERENCE THAT I WAS WHEEL CHAIR USER I THREW IN A CELL WITH NO CONSIDERATION FOR MY DISABILITY ALWAYS
Were there Witnesses?
Address of Witness(s)

Were Police present at accident site Yes ☒ No ☐ Police Report # N/A
Police Officer's Name(s) Police Officer Mr. ARIAS TAG # 936140 COMMANDER Shield # Precinct

MEDICAL INFORMATION

Date of First Treatment MAY 22 2011 Location of first Medical Treatment Long Island College Hosp.
Was claimant taken by ambulance Yes Date treated in emergency room MAY 22 Name of Hospital Long Island College Hosp.
Name and address of treating physician(s) N/A
Describe injury in detail Severe Pain Due to no medication for six days

EMPLOYMENT INFORMATION

Status on day of accident
Employed () Unemployed ()
Amount earned weekly \$ N/A Days lost from work N/A
Employer's name and address

DOCTOR AND HOSPITAL EXPENSES

Do you have insurance N/A Amount of out of pocket medical bills
Doctor \$ N/A Hospital \$ N/A
Are bills submitted with this claim?

COMPLETE IF ACCIDENT INVOLVES A NYC OWNED VEHICLE

Was claimant owner of the vehicle N/A If no, name & address of owner N/A
Was claimant the () driver () passenger N/A Name & address of Insurance Company Policy #
Plate # of NYC Vehicle N/A Plate # of car claimant was in N/A
NYC Agency owner of car N/A Name of driver of NYC car N/A
Date 6-9-2011 Signature of Claimant Alejandro Diaz

State of New York

County of

I, Alejandro Diaz, being duly sworn deposes and says that I have read the foregoing NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true

Signature of claimant

Alejandro Diaz

Sworn before me this day

Signature of notary

Oliver J. Alban Jr.
Notary Public, State of New York
Qualified in Queens County
Registration No. 91AK6161518
Commission Expires February 26, 2015


PROPERTY CLERK INVOICE
 PD 521.141 (Rev. 11-09)

R922353

☐ ARREST EVIDENCE ☐ DNA ARREST EVIDENCE ☐ FORFEITURE ☐ FOUND PROPERTY ☐ PEDDLER PROPERTY
☐ INVESTIGATORY ☐ DNA INVESTIGATORY ☐ DECEDENT'S PROPERTY ☒ SAFEKEEPING ☐ OTHER:

Invoking Officer Rank/Name	PO ARIAS	Tax No.	936140	Command	071	Invoice Date	5/18/11	Involving Command	071
Arresting Officer Rank/Name	PO ARIAS	Tax No.	936140	Command	071	Complaint No. (NY-Pol-PS)	2011-071-3483	Aided/Accident No.	
Investigating Officer Rank/Name	U/A	Tax No.		Command		Related Comp. No. (NY-Pol-PS)		OCLE EUI No.	
Detective Squad Supervisor Rank/Name	U/A	Tax No.		Command		Det Squad Case No.		OCLE FB No.	
SUBJECT Processing Officer Rank/Name	U/A	Tax No.		Command		Police Lab. Evid. Control No.		SUBJECT Run No.	

Is this:	False	Form/Offense Under Investigation	UPCS	Ref	Misc	Val	JD	Domestic	Sex	Off	Accepted	Expulsion	Interv	Invest	Victim
Is locked	5/17/11														

Finder of Property	N/O	Address (Include City, State, Zip, Apt.)	421 EMPIRE BLVD BR NY	Telephone No.	7187350511
Owner of Property (See Instructions)	BLAZ, ALEJANDRO	Address (Include City, State, Zip, Apt.)	639 ALBANY AVE BR NY	Telephone No.	
Complainant's Last Name, First Name	ESNY	Address (Include City, State, Zip, Apt.)	421 EMPIRE BLVD BR NY	Telephone No.	7187350511
Prisoner's Last Name, First Name, ID	BLAZ, ALEJANDRO	D.O.B.	10/30/78	Address (Include City, State, Zip, Apt.)	639 ALBANY AVE BR NY
Additional Invoice Nos. Related in This Case Including Vehicles					
R922354					

ITEM No.	QTY	ARTICLE	CASH VALUE USC only	PEDDLER/LEAD SEAL No.	SEC/HARCO ENVELOPE No.
1	1	YELLOW METAL-WATCH		471973	A029813
2	1	YELLOW METAL RING		471973	A029813
3	2	YELLOW METAL CHAINS		471973	A029813
4	1	YELLOW METAL CROSS		471973	A029813
THE ABOVE IS A COMPLETE LIST OF ALL PROPERTY VOUCHERED					
TOTAL CASH VALUE					

Additional Prisoner's Last Name, First Name, ID	BLAZ, ALEJANDRO	D.O.B.	10/30/78	Address (Include City, State, Zip, Apt.)	639 ALBANY AVE BR NY
Prisoner 1 ID/ID No.		Prisoner 2 ID/ID No.		Prisoner 3 ID/ID No.	
Total No. of Prisoners					

REMARKS: Briefly explain why the property was taken into custody (see instructions on BACK of this form)

THE ABOVE PROPERTY IS BEING VOUCHERED FOR SAFEKEEPING AND IS SECURED IN ISF#A029813

W/ OUR LEAD SEAL # 471973.

Invoking Officer Rank/Name (Printed)	Signature	Tax No.	Command	PCD Storage Facility
Supervisor Rank/Name (Printed)	Signature	Tax No.	Command	PCD Location (Shell No.)
PCD Receiving to PCD Rank/Name (Printed)	Signature	Tax No.	Command	PCD Storage No.
PCD Receiving FROS Rank/Name (Printed or Stamped)	Signature	Tax No.	Command	BECS No.
Owner/Plaintiff Name	Signature & Date Property Returned to Owner			

R922353

7 DISTRIBUTION: 1. WHITE - PCD File Copy 2. 2nd WHITE - Inventory Unit Copy 3. YELLOW - PCD Work Copy 4. BLUE - Backped Investigator's Copy 5. GREEN - ADA Copy 6. PINK - Prisoner/Inlet Copy 7. GOLD - A/O's Copy

To: Internal Affairs for NYC Police Department
From: Alejandro Diaz # 900-1100-750
1500 Hazen St.
E. Elmhurst N.Y.

11370

Re: To file a complaint against P.O. Arias from 71st
precinct, Kings county, and the other officer
participating in the arrest.

Date: June 24, 2011

Dear: Sir/Ms

I want to file a complaint and request an investigation concerning my arrest on May 17, 2011. In addition with cruel and harsh conditions I was subjected to with knowing indifference in being transported with out the required transportation, in accommodation for my disability, It is my contention that my arrest was illegal and unlawful. The two officers for no apparent reason forcibly entered my place of residence that I share with my common-law wife, as in result, arresting myself and my common-law wife to coverup their wrongdoing to prevent me from charging them with profiling, discrimination and assault. I later learned that I was charged with possession of narcotics, and that my common-law wife coerced under duress and threats to write a statement against me, and sign some papers giving consent to search out residence after the fact of them having done so, to lend credibility to their fabricated, and manufactured desired claims these police officer instead of upholding the law by virtue of not anticipating any challenge simply boldly broke the law and violated my constitutional rights in the process. In conclusion I hope to hear from your office to provide you with further details regarding this matter.

Thank You
cordially Alejandro Diaz 24-6-2011